

**ANNUAL PUBLIC HEALTH REPORT**

*To:* **Health Committee**

*Meeting Date:* **28<sup>th</sup> May 2015**

*From:* **Director of Public Health**

*Electoral division(s):* **All**

*Forward Plan ref:* **Key decision: No**

*Purpose:* **To present the Annual Public Health Report to the Health Committee**

*Recommendation:* **The Committee is asked to consider the information and opportunities for action outlined in the Report, and the Committee's potential role in delivering against these.**

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## **1. BACKGROUND**

- 1.1 The Health and Social Care Act (2012) includes a requirement for Directors of Public Health to prepare an independent Annual Public Health Report (APHR) on the health of local people.
- 1.2 Last year the APHR (2013/14) focussed on a 'cross-sectional' view of public health outcomes in Cambridgeshire – using the Public Health England (PHE) Public Health Outcomes Framework. The report identified issues of concern, and recommended the following opportunities for action:
  - Targeted work to understand and address high rates of smoking
  - A focus across organisations on inequalities in the early years
  - Working with communities in Fenland on health and lifestyles
  - Building a preventive approach to mental health in the county
  - Reviewing reasons for lower coverage of individual vaccination and screening programmes and taking action to address this

## **2. MAIN ISSUES**

- 2.1 The 2014/15 APHR has a broader focus, looking at the changes and trends in public health outcomes over recent years. Developing a clear understanding of which public health outcomes are improving and which are deteriorating, helps to identify emerging problems and target resources early to address them. The Report is structured around the 'life course' – starting with local health outcomes for children and moving through adulthood to old age.
- 2.2 There are positive trends for some important health outcomes in Cambridgeshire: life expectancy is improving in all parts of the county, including more deprived areas although inequalities remain, and there are fewer premature deaths from heart and circulatory disease. Teenage pregnancies have fallen over the past decade and smoking rates have also fallen in the most recent survey, although more years of data will be needed to confirm this.
- 2.3 An area of concern is that the proportion of children and adults who are overweight or obese has risen nationally over the past two decades, and although the trend may be flattening it is not reversing. Meanwhile, trends for mental health, including children and young people, and for alcohol use show a mixed picture. The coverage of some screening and vaccination programmes, identified as an area for action in last year's Report, has shown further deterioration locally.
- 2.4 Based on the data in this Report, three new opportunities for public health action, while recognising that further work still needs to be done on last year's recommendations:
  - A focus on promoting the health of school age children, including mental health
  - A whole system approach to healthy diet and physical activity – reversing the trend in obesity
  - Supporting a positive approach to healthy ageing

These issues need to be addressed in partnership across different organisations, rather than through one organisation working alone.

- 2.5 The 2014/15 APHR has been laid out to be easily read by a range of audiences, and hard copies will be distributed to County Councillors, MPs, District Councils, GP surgeries and libraries. It will also be publicised internally and externally on the relevant websites.

### **3. ALIGNMENT WITH CORPORATE PRIORITIES**

#### **3.1 Developing the local economy for the benefit of all**

The APHR provides information relevant to the health of the local workforce, which in turn impacts on productivity and the local economy.

#### **3.2 Helping people live healthy and independent lives**

The APHR describes a range of information relevant to helping people live healthy and independent lives .

#### **3.3 Supporting and protecting vulnerable people**

The APHR describes a range of information relevant to vulnerable groups, including children and young people, people with mental health problems, people with disabilities, and older people.

### **4. SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

There are no immediate resource implications from the APHR, although addressing the identified opportunities for action would require redirection of some resources.

#### **4.2 Statutory, Risk and Legal Implications**

Preparation of an independent Annual Public Health Report is a statutory duty of the director of public health.

#### **4.3 Equality and Diversity Implications**

The APHR considers health inequalities in Cambridgeshire.

#### **4.4 Engagement and Consultation Implications**

There are no immediate engagement and consultation implications.

#### **4.5 Localism and Local Member Involvement**

The APHR demonstrates that some public health issues and outcomes vary across different parts of the county, so may require local rather than county-wide action.

#### **4.6 Public Health Implications**

Covered in the main body of the report.

<b>Source Documents</b>	<b>Location</b>
Public Health Outcomes Framework	<a href="http://www.phoutcomes.info">www.phoutcomes.info</a> .
Annual public health report (2013/14)	<a href="http://www.cambridgeshireinsight.org.uk/health/phof">www.cambridgeshireinsight.org.uk/health/phof</a>

